## **Government of the Virgin Islands of the United States**

**Department of Labor** *Workforce Development* 

St. Croix Sunny Isles Mini Mall Christiansted, VI 00820-4612 Phone: (340) 778-0429 Fax: (340) 778-1474



St. Thomas P. O. Box 302608 Charlotte Amalie, VI 00803-2608 Phone: (340) 776-3700 Fax: (340) 714-4994

April 12, 2010

## **Dear Employer:**

The Department of Labor is dedicated to preparing our youth to be groomed as the future labor force of the territory. Therefore, we are appealing to the employers of the territory to assist us in building a skilled, productive, and adaptable workforce. Presently, we are asking you to join us in this endeavor by providing valuable experiences and opportunities for our youth in the form of one or more of the following:

<u>On-the- Job Training</u>: consisting of up to 720 hours of subsidized work experience which will lead to permanent unsubsidized employment.

<u>Six Week Work Experience</u>: 180 hours of work experience with two options for work during the summer months or at any other time during the year.

<u>LIFT (Labor Investing For Tomorrow) Program</u>: 8 weeks – 240 hours. Geared towards college juniors and seniors....**SUMMER ONLY – June through September Mentoring**: Employer or a member of their team volunteers to become a member of the Department's mentoring pool.

All participants in our programs are provided with Life Skills Management & Career Orientation Workshop, Workplace Preparation Skills, Occupational Safety & Health Regulation (OSHA) and Computer Literacy training from the department. The Department will provide all support services needed to facilitate this process as well as appropriate information on respective roles and responsibilities of both the students and employers.

If you are willing to participate in this endeavor, please check and return your selection(s) on the attached form. A member our staff will be in contact with you. If you have any additional questions, feel free to contact us at 773-1994 ext. 229 or 776-3700 ext 2099.

Sincerely,

Arah C. Lockhart

Assistant Commissioner, Employment and Training

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## **Request For Summer Youth Work Experience Program Participation**

A Separate Request Must Be Completed For Each Job Title Or Project.

Name of Company/Agency			
Unit	□For Profit	□Not-for-Profit	□Government
Name of Company/Agency Head_			
Mailing Address			
Contact Person	Email		
Phone/ Ext	Fax No	Island	
Immediate Supervisor of Youth		Email	
Phone/Ext.	Fax No		
Physical Address of Youth's Locar	tion		
Position Title or Name of Project t	that Youth(s) will wo	ork on	
Number of Positions Requested	Star	ting Date	
Job/Project Description		_	
Education/Skills Required			
☐ On-the- Job Training		☐ Six Week	Work Experience
☐ LIFT (Labor Investing For Tomor	row) <b>Program</b>	☐ Mentoring	
Upon acceptance of summer participe experience and supervision of the part business license or incorporation paper May 7, 2010	ticipant. Please sign	below and return th	his form with your
Auth	norization/App	roval	
Authorized Employer's Signature	Approvi	ing Officer, Departm	nent of Labor
Print Name and Title	Date		